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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: A. John Bramley *et al.* Examiner: Navarro, Albert Mark
Serial No.: 09/698,579 Art Unit: 1645
Filed: October 27, 2000
For: TREATMENT OF STAPHYLOCOCCUS INFECTIONS

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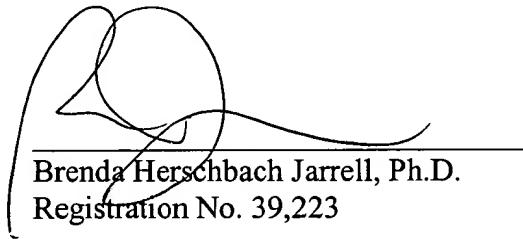
TRANSMITTAL

Enclosed please find the following documents regarding the above-referenced matter:

- 1) Request for Continued Examination (RCE) Transmittal; (1 pg.);
- 2) Response to Office Action Under 37 C.F.R. § 1.116 (6 pp.);
- 3) PTO/SB/06 - Patent Application Fee Determination Record (1 pg.);
- 4) Check in the amount of \$750.00 for RCE fee;
- 5) Petition for Extension of Time (1 pg.);
- 6) Check in the amount of \$930.00 for extension of time; and
- 7) Return Postcard.

Please charge any fees or credit any overpayments to our Deposit Account No. 03-1721.

Respectfully submitted,

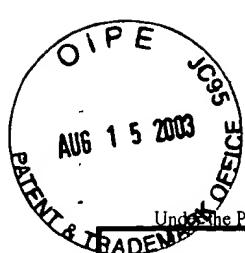


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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313

on August 13, 2003
Kathy Hart-Jarrell



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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
09/698,579CLAIMS AS FILED - PART I per CPA filed 5/17/00
(Column 1) (Column 2) SMALL ENTITYOR OTHER THAN
SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|--|--------------|-----------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | 41 | minus 20 = * 21 |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 4 | minus 3 = * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

| RATE | FEES |
|--------------|----------|
| | \$ _____ |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| RATE | FEES |
|-----------------|--------|
| | \$ 710 |
| OR x \$ _____ = | |
| OR x _____ = | |
| OR x _____ = | |
| OR + _____ = | |
| OR TOTAL | \$ 710 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II
(Column 1) (Column 2) (Column 3) SMALL ENTITYOR OTHER THAN
SMALL ENTITY

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE |
|---|---|---|------------------|--------------|------------------------|
| | | | | x \$ _____ = | |
| Total (37 CFR 1.16(c)) | * 41 | Minus | ** 20 | = 21 | |
| Independent (37 CFR 1.16(b)) | * 4 | Minus | *** 3 | = 1 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | TOTAL | ADDITIONAL FEE |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | ADDITIONAL FEE |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | - |
| + _____ = | |
| OR TOTAL | ADDITIONAL FEE |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE |
|---|---|---|------------------|--------------|------------------------|
| | | | | x \$ _____ = | |
| Total (37 CFR 1.16(c)) | * 3 | Minus | ** 20 | = 0 | |
| Independent (37 CFR 1.16(b)) | * 1 | Minus | *** 3 | = 0 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | TOTAL | ADDITIONAL FEE |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | 0 |
| + _____ = | 0 |
| TOTAL | ADDITIONAL FEE |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | 0 |
| x _____ = | 0 |
| + _____ = | |
| OR TOTAL | ADDITIONAL FEE |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE |
|---|---|---|------------------|--------------|------------------------|
| | | | | x \$ _____ = | |
| Total (37 CFR 1.16(c)) | * | Minus | ** | = | |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | TOTAL | ADDITIONAL FEE |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | ADDITIONAL FEE |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| OR TOTAL | ADDITIONAL FEE |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.